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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757756** (2)

1. Corporation Name

TAILWINDS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2400 SE DOWNWINDS RD.
JUPITER FL 33478-1922**

**2400 SE DOWNWINDS RD.
JUPITER FL 33478-1922**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1981		3a. Date of Last Report 03/11/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2397589		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARSEN, JOHN
2400 SE DOWNWINDS RD
JUPITER FL 33478**

81 Name PAUL WEISS	82 Street Address (P.O. Box Number is Not Acceptable) 19050 SE WRIGHTS LN
83	
84 City JUPITER	85 Zip Code FL 33478

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Paul B. Weiss

PAUL B. WEISS

15 March 1997

(Signature, typed or printed name of registered agent and date applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	MENO, BRIAN	1.2 NAME	
STREET ADDRESS	18850 SE WRIGHTS LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	D
NAME	LARSEN, JOHN	2.2 NAME	KNIGHT, PHILLIP
STREET ADDRESS	150 N US HWY 1	2.3 STREET ADDRESS	18901 SE CROSSWINDS LN
CITY - ST - ZIP	TEQUESTA FL	2.4 CITY - ST - ZIP	JUPITER, FL 33478
TITLE	STD	3.1 TITLE	
NAME	WILSON, LESLIE	3.2 NAME	
STREET ADDRESS	3131 SE CHANDELLE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	WEISS, PAUL	4.2 NAME	
STREET ADDRESS	19050 SE WRIGHTS LN	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	D
NAME	MILLER, SUE	5.2 NAME	DAVIS, PETER
STREET ADDRESS	18750 SE CROSSWINDS LN	5.3 STREET ADDRESS	18900 SE CROSSWINDS LN
CITY - ST - ZIP	JUPITER FL	5.4 CITY - ST - ZIP	JUPITER, FL 33478
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leslie Wilson

LESLIE WILSON

Date

3/15/97

Daytime Phone #

561-627-7853

0044631

CR2E037 (9/96)